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PLANT PROTECTION IMPORT PERMIT APPLICATION FORM

	FOR COMP	LETION BY IMPORTER OR R	REPRESENTATIVE ¹	
Date of Application://ddmmyy	Name of person	ion: (PLEASE PRINT)	Signatu	ure:
Declared name of consignee (IMPORTER):				
Street Address:				
Tel. No(s):	Fax. No(s)):	Email address:	
Commodity/Item	Quantity (incl. units)	Country (& State) of Origin	Expected date(s) of Arrival	Details of supporting documentation submitted with application
permits for consignments exceeding 10 differ	ent items must be a	ccompanied (IN TRIPLICATE) by ransshipped must include the name	y <u>valid</u> list, purchase order, in e of the vessel and the expect	rieties required for seeds), (ii) Applications for nvoice &/or order form for said consignment, ted date of departure.
		FOR OFFICIAL USE ONI (Official Stamp)	LY	
Date of processing:			Application approved	☐ Application denied ☐ (please tick one)
Name of authorizing officer:			Additional comments ((incl. any reasons for denial):
(please print)				
Signature of authorizing Officer:				